

Practitioner's Docket No. ZD05/02

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Application of: MIKE NICK ZEMBILLAS

Application No.:

Group No.

Filed: Herewith

Examiner:

For: WASTE WATER VALVE SYSTEM

Commissioner for Patents
Alexandria, VA 22313-1450

ATTENTION: Group Director, Group _____ (M.P.E.P. § 1002.02(c))

PETITION TO MAKE SPECIAL BECAUSE OF APPLICANT'S AGE
(37 C.F.R. § 1.102(c) AND M.P.E.P. § 708.02 IV)

NOTE: See M.P.E.P. § 708.02, 7th ed.

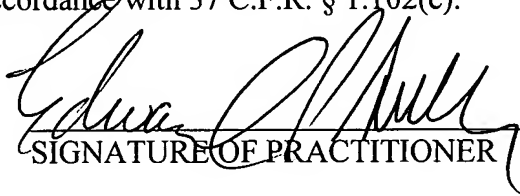
Applicant hereby petitions to make this application special because applicant is over 65 years of age.

As a showing of this fact, accompanying this petition is:

(check one of the following)

- ☒ applicant's birth certificate
☐ a declaration by the applicant that he/she is over 65 years of age.

No fee is required with this petition, in accordance with 37 C.F.R. § 1.102(c).


SIGNATURE OF PRACTITIONER

Reg. No.: 46,676

Tel. No. (727) 734-2855

Edward P. Dutkiewicz
640 Douglas Avenue
Dunedin, Florida 34698

BEST AVAILABLE COPY
BEST AVAILABLE COPY

CERTIFIED COPY

WE HEREBY CERTIFY THE COPY REPRODUCED BELOW TO BE A TRUE AND CORRECT COPY OF THE ORIGINAL RECORD ON FILE IN THE BUREAU OF VITAL STATISTICS OF THE STATE OF FLORIDA, DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES, DIVISION OF HEALTH AT JACKSONVILLE, FLORIDA.

(NOT VALID UNLESS THE SEAL OF THE STATE OF FLORIDA, DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES, DIVISION OF HEALTH IS AFFIXED.)

APR 8 1970

Evel H. Williams
CHIEF, BUREAU OF VITAL STATISTICS

Wilson T. Sowder, M.D.
STATE REGISTRAR, DIRECTOR, DIVISION OF
HEALTH — DEPARTMENT OF HEALTH AND
REHABILITATIVE SERVICES

1. PLACE OF BIRTH		FLORIDA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS		CERTIFICATE OF BIRTH	
County <u>Polk</u>	District No. <u>2004</u>	State File No. <u>1729</u>			
Precinct (Write name, not number)	Precinct No.	Registered No. <u>12</u>			
City or Town <u>Winter Haven</u>	City or Town No. <u>40542</u>	St. _____ Ward _____			
2. Full name of child <u>Michael Zambellas</u>				If child is not yet named, make supplemental report, as directed	
3. Sex <u>M</u>	4. Twin, triplet, or other _____	8. Date of birth <u>Nov 23 - 1934</u>			
5. Number, in order of birth _____					
9. Full name of FATHER <u>Nicholas Zambellas</u>		10. Full name of MOTHER <u>Suzanne Zambellas</u>			
11. Residence (usual place of abode) (If nonresident, give place and State) <u>Winter Haven, Fla.</u>		19. Residence (usual place of abode) (If nonresident, give place and State) <u>Winter Haven, Fla.</u>			
12. Color or race <u>W</u>	12. Age at last birthday <u>39</u> (Years)	20. Color or race <u>W</u>	21. Age at last birthday <u>21</u> (Years)		
22. Birthplace (city or place) <u>Calverton, Cal.</u> (State or country) <u>Calif.</u>		22. Birthplace (city or place) <u>Calverton, Cal.</u> (State or country) <u>Calif.</u>			
23. Trade, profession, or particular kind of work done, as SPINNER, CARVER, BOOKKEEPER, etc. <u>mechanic</u>		23. Trade, profession, or particular kind of work done, as HOUSEKEEPER, TYPIST, NURSE, CLEAN, etc. <u>housekeeping</u>			
24. Industry or business in which work was done, as SILK MILL, CANNERY, BANK, etc. <u>General Store</u>		24. Industry or business in which work was done, as OWN HOME, LAWYER'S OFFICE, SILK MILL, etc. <u>Own home</u>			
25. Date (month and year) last engaged in this work <u>7 - 1934</u>		25. Date (month and year) last engaged in this work <u>7 - 34</u>		26. Total time (years) spent in this work <u>Unknown</u>	
27. Number of children of this mother (At time of this birth and including this child). (a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>None</u> (c) Stillborn <u>None</u>					
28. If stillborn, period of gestation _____ months _____ weeks					
29. Cause of stillbirth _____					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

30. I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated (Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

31. Given name added from a supplemental report _____ (Date of) _____

31. (Signed) W. T. Sowder, M.D.

32. or (Signed) _____, Midwife

33. Address Winter Haven, Fla.

34. Filed 1-31-34 _____ Local Registrar